

## Behavior Services Protocol Checklist For Behavior Analyst and Behavior Specialist Services

Service Recipient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last, First)

Reviewer's Name \_\_\_\_\_ Date Request Submitted \_\_\_\_\_  
(Last, First)

### Technical Review

<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p>Is the correct funding source, site code, and service code used in Section C of the Individual Support Plan?</p> <p>If <b>YES</b>, continue to Question #1 in Section A, B, or C as applicable.</p> <p>If <b>NO</b> and the wrong funding source, site code and service code is due to a simple error, correct the error and continue to Question #1 in Section A, B, or C as applicable.</p> <p>If <b>NO</b> based on lack of a site code because the provider is not licensed or does not have an approved provider agreement, deny as non-covered due to failure to meet provider qualifications as specified in the waivers and in the TennCare rules applicable to the waivers.</p>
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### A. Behavior Services Assessment

NOTE: Any time that a Behavior Services assessment is approved in accordance with this protocol, the corresponding behavior plan development (including the training of staff on the plan during the first 30 days following its approval) based on the assessment may also be authorized if requested, up to the maximum of six (6) hours. If a Behavior Support Plan is developed, presentation of behavior information at human rights committee meetings, behavior support committee meetings, and planning meetings may be authorized up to the maximum of five (5) hours per year per provider.

<b>1.</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p>Is the service recipient 21 years of age or older? (A.1)</p> <p>If <b>YES</b>, proceed to Question #2.</p> <p>If <b>NO</b>, stop and deny based on the waiver being the <b><u>payor of last resort</u></b>.</p>
<b>2.</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p>Is the request for an initial assessment after enrollment in the waiver or after an interval of at least 12 months since the last Behavior Assessment? (A.2.)</p> <p>If <b>YES</b>, proceed to Question #4</p> <p>If <b>NO</b>, proceed to Question #3</p>
<b>3.</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p>Is a new Behavior Services assessment needed because the service recipient was discharged from services by a Behavior Services provider who withdrew from participation as a waiver services provider? (A.3)</p> <p>If <b>YES</b>, proceed to Question #4.</p> <p>If <b>NO</b>, skip to Question #5.</p>

<p>4. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient currently has behavioral issues that</p> <p>(1) Place the service recipient or others at imminent risk of harm; <b>OR</b></p> <p>(2) have resulted in significant damage to property; <b>OR</b></p> <p>(3) Significantly impair the service recipient's ability to live in the home and community setting or participate in normal community activities? (A.4.)</p> <p>If <b>YES</b>, skip to Question #6.</p> <p>If <b>NO</b>, stop and deny as <b><u>not medically necessary</u></b>.</p> <p>In addition, deny as a <b><u>non-covered service</u></b> any Behavior Services assessment requested which exceeds the waiver service limit of two (2) assessments per service recipient per program year.</p>
<p>5. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is there documentation in the ISP that the service recipient has recently developed <u>new</u> behavioral issues that (1) place the service recipient or others at imminent risk of harm; (2) have resulted in significant damage to property; or (3) significantly impair the service recipient's ability to live in the home and community setting or participate in normal community activities? (a.5)</p> <p>If <b>YES</b>, proceed to Question #6.</p> <p>If <b>NO</b>, stop and deny as <b><u>not medically necessary</u></b>.</p> <p><i>In addition, deny as a <b><u>non-covered service</u></b> any Behavior Services assessment requested which exceeds the waiver service limit of two (2) assessments per service recipient per program year.</i></p>
<p>6. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Has the waiver service limit of two (2) Behavior Services assessments per service recipient per year been exceeded for the current program year? (A.6)</p> <p>If <b>YES</b>, stop and deny as a <b><u>non-covered service</u></b> based on the waiver service limit of two (2) Behavior Services assessments per service recipient per program year.</p> <p>If <b>NO</b>, stop and approve the assessment.</p>
<p><input type="checkbox"/> Approved</p>	
<p><input type="checkbox"/> Denied</p>	

## B. Initial Behavior Services (excluding assessment)

(NOTE: This section applies to service recipients who are not currently approved for Behavior Analyst or Behavior Specialist Services through the waiver.)

<p>1. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the service recipient age 21 years or older?</p> <p>If <b>YES</b>, proceed to Question #2.</p> <p>If <b>NO</b>, stop and deny based on the waiver being the <b><u>payor of last resort</u></b>. (B.2.)</p>
<p>2. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medical necessity review questions: (B.2.a-c)</p> <p>a. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient currently has behavioral issues that (1) place the service recipient or others at imminent risk of harm; (2) have resulted in</p>

	<p>significant damage to property; or (3) significantly impair the service recipient's ability to live in the home and community setting or participate in normal community activities; <b>AND</b></p> <p>b. Is there sufficient information in the ISP and/or supporting documentation to conclude that, based on the service recipient's behavioral issues, the behavioral needs cannot be adequately met without Behavior Services provided by a Behavior Analyst or Behavior Specialist (i.e., paid and unpaid caregivers would not otherwise be able to adequately meet the specified behavioral treatment needs); <b>AND</b></p> <p>c. Is there sufficient documentation in the ISP and/or supporting documentation to conclude that the provision of Behavior Services can be reasonably expected to achieve <u>measurable and sustained functional gains</u> for the service recipient; <b>AND</b></p> <p>d. Are there clearly defined measurable Behavior Services goals in the ISP and/or supporting documentation which are reasonable and appropriate given the person's current age and health status?</p> <p>If <b>YES to all four</b> of the criteria specified in "2.a" through "2.d" above, proceed to Question #3.</p> <p>If <b>NO to any</b> criterion specified in "2.a" through "2.d" above, stop and deny as <b><u>not medically necessary</u></b>.</p>
<p>3. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the frequency (per week, per month, etc.), amount (# of units) and duration (# of weeks or months) of Behavior Services requested consistent with and not in excess of the amount of services needed to achieve measurable and sustained functional gains for the service recipient?</p> <p>NOTE: To the maximum extent possible and appropriate, Behavior Services by a Behavior Analyst or Behavior Specialist should be utilized to develop a behavior plan that can be implemented by caregivers (including, but not limited to family members, paid personal assistants, and residential services staff) across activities and settings in order to achieve the maximum therapeutic benefit. Periodic services by the Behavior Analyst or Behavior Specialist should be authorized only as necessary to support the ongoing implementation of the behavior plan, or to modify the behavior plan in response to the changing behavioral needs of the service recipient</p> <p>If <b>YES</b>, stop and approve the amount of Behavior Services requested. Such approval may specify that concurrent review will be conducted after a specified period of time (see attached guidelines) to ensure that Behavior Services continue to be medically necessary. Such determination shall be based on current medical records provided by the Behavior Analyst or Behavior Specialist in response to the request for concurrent review.</p> <p>If <b>NO</b>, <u>approve</u> that portion of the total amount of Behavior Services requested that is consistent with the amount of Behavior Services needed to achieve measurable and sustained functional gains for the service recipient. <b><u>Deny as not medically necessary</u></b> that portion of the total amount of Behavior Services requested that is in excess of the amount of services needed to achieve measurable and sustained functional gains for the service recipient.</p>
<p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p>	

### C. Continued Behavior Services (excluding assessment)

(NOTE: This section applies to service recipients who are *currently* approved for Behavior Analyst or Behavior Specialist Services through the waiver and who request *continuation* of Behavior Services or an *increase* in services.)

<p>1. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the service recipient age 20 years or older?</p> <p>NOTE: If a service recipient is age 20 years (but not yet age 21), transition of Behavior Services to the TennCare Managed Care Contractor (MCC) will <u>not</u> be initiated since transition back to waiver services would likely be required upon attaining 21 years of age. (C.1.)</p> <p>If <b>YES</b>, skip to Question #3.</p> <p>If <b>NO</b>, proceed to Question #2.</p>
<p>2. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the request for an increase in the frequency (per week, per month, etc.) or amount (# of units) of Behavior Services? (C.2)</p> <p>If <b>YES</b>, <u>deny</u> the requested <b>increase</b> in the frequency or amount of Behavior Services based on the waiver being the <b>payor of last resort</b>. <b>Approve</b> the <b>continuation</b> of Behavior Services at the current level pending transition of medically necessary Behavior Services to the TennCare MCC.</p> <p>If <b>NO</b>, or upon denial of a requested increase in the frequency or amount of Behavior Services as noted above, initiate the process for transition of <b>all</b> medically necessary Behavior Services to the TennCare Managed Care Contractor (MCC).</p>
<p>3. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medical necessity review questions for continuation of the currently approved level of Behavior Services for an adult service recipient age 20 or older plus any requested increase in such services, as applicable:</p> <ul style="list-style-type: none"> <li>a. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient continues to have behavioral issues that (1) place the service recipient or others at imminent risk of harm; (2) result in significant damage to property; or (3) significantly impair the service recipient's ability to live in the home and community setting or participate in normal community activities; <b>AND</b></li> <li>b. Is there sufficient information in the ISP and/or supporting documentation to conclude that, based on the service recipient's behavioral issues, the behavioral needs still cannot be adequately met without Behavior Services provided by a Behavior Analyst or Behavior Specialist (i.e., paid and unpaid caregivers would still not otherwise be able to adequately meet the specified behavioral treatment needs); <b>AND</b></li> <li>c. Is there sufficient information in the ISP and/or supporting documentation to demonstrate: <ul style="list-style-type: none"> <li>(1) Progress toward defined behavior in terms of measurable functional gains for the service recipient that can be generalized to settings outside the immediate treatment environment (e.g., reduced instances of aggression toward other persons or property or increased participation in normal life activities with minimal behavioral disruption); <b>OR</b></li> <li>(2) A significant and substantial increase in behavioral episodes during the past 30 days that place the service recipient or others at imminent risk of harm; <b>AND</b></li> </ul> </li> <li>d. Are clearly defined measurable Behavior Services goals as specified in the ISP and/or supporting documentation still reasonable and</li> </ul>

	<p>appropriate given the person's current age and health status?</p> <p>If <b>YES to all</b> of the criteria specified in "3.a" through "3.d" above, proceed to Question #4.</p> <p>If <b>NO</b> to any criterion specified in "3.a" through "3.d" above, stop and deny as <b><u>not medically necessary</u></b>.</p>
<p>4. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the frequency (per week, per month, etc.), amount (# of units) and duration (# of weeks or months) of continued Behavior Services requested plus any requested increase in such services, as applicable, consistent with and not in excess of the amount of services still needed to achieve measurable and sustained functional gains for the service recipient? (C.4.)</p> <p>To the extent that the request includes any increase in the frequency, amount, or duration of Behavior Services, is there sufficient information in the ISP and/or supporting documentation to demonstrate that the service recipient's needs have changed and/or the previously approved frequency, amount, or duration of Behavior Services is no longer sufficient to achieve measurable and sustained functional gains for the service recipient?</p> <p>NOTE: To the maximum extent possible and appropriate, Behavior Services by a Behavior Analyst or Behavior Specialist should be utilized to develop a behavior plan that can be implemented by caregivers (including, but not limited to family members, paid personal assistants, and residential services staff), across activities and settings in order to achieve the maximum therapeutic benefit. Periodic services by the Behavior Analyst or Behavior Specialist should be authorized only as necessary to support the ongoing implementation of the behavior plan, or to modify the behavior plan in response to the changing behavior needs of the service recipient.</p> <p>If <b>YES</b>, stop and approve the continuation of Behavior Services and any increase as requested. Such approval may specify that concurrent review will be conducted after a specified period of time (see attached guidelines) to ensure that Behavior Services continue to be medically necessary. Such determination shall be based on medical records provided by the Behavior Analyst or Behavior Specialist in response to the request for concurrent review.</p> <p>If <b>NO</b>, <u>approve</u> that portion of the total amount of Behavior Services requested that is consistent with the amount of Behavior Services needed to achieve measurable and sustained functional gains for the service recipient.</p>
<input type="checkbox"/> <b>Approved</b>	
<input type="checkbox"/> <b>Denied</b>	